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CASE OF HON. ABBOTT LAWRENCE.

BY JACOB BIGELOW, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. LAWRENCE is known to have possessed originally a good constitution. By the help of a strong, energetic and well-regulated mind, he has been able to sustain an unusual amount of responsibility and labor, under various high trusts and complicated enterprises. In early youth he is reported to have suffered from a thoracic inflammation considered a "lung fever," the remote traces of which were discovered in pleural adhesions after death. From childhood he has been subject to severe headaches, accompanied with distress at the epigastrium. The veins of his left lower extremity had been varicose for many years, to an extent requiring treatment. His habits, originally active, had in the latter half of his life been sedentary, with the accompanying troubles of dyspepsia, constipation, and a plethoric state of the system. About thirty years ago he had an alarming attack of abdominal pain and constipation, which lasted three days.

In the spring of 1840, while at Washington as a member of Congress, he passed through a dangerous and protracted illness, considered by his physicians as a "typhus" or "biliary" fever, by which he was confined three months, most of the time in a state of great prostration. From this he slowly recovered, having spent part of the following summer at the Virginia Springs.

He visited Europe as Minister at the Court of London in 1849, and returned in 1852. During this time a grave illness, attended with signs of hepatic disease, overtook him at the residence of his friend Mr. Bates, near London, where he was confined and considered in a critical situation for several weeks.

Since his return to this country, and even for many previous years, he has complained at times of pain, soreness, and a sense of weight in the right side of the abdomen, and has repeatedly called the attention of others to the existence of a solid, palpable protuberance in that region of the body. This infirmity had of late so in-

creased upon him, as to limit his rate of walking, and to cause him to lean for support on the arm of a friend.

In September, 1854, he was taken with severe pain in the abdomen and right hypochondrium, which was relieved by a cathartic operation, obtained after much difficulty. In October, while on a visit at Groton, he was attacked with some abdominal pain, and diarrhœa, followed by sudden syncope and temporary loss of consciousness, from which he immediately recovered. During May last a copious epistaxis occurred, occasioning the loss, by estimation, of a quart of blood.

His final illness manifested itself on the evening of June 4th, 1855, by a violent pain in the right hypochondrium and whole side of the abdomen, with tumefaction of the part, and tenderness on pressure. He had that day taken off an elastic belt which for years he had been accustomed to wear. His pulse, ordinarily about 60, had risen to 80, with some febrile heat. Before I saw him he had taken half a pint of solution of citrate of magnesia, but he did not obtain any relief until after copious leeching and purging. To effect the latter, eight ounces of infusion of senna were taken, in divided doses, and were followed at length by abundant operations. On the 6th his pain returned, but was relieved in three hours, after sinapisms and a slight opiate. From the 7th to the 10th there was more relief, except for a short time during the operation of a cathartic (pil. hydrarg. and aloes, $\ddot{\text{a}}\text{a}$ gr. x.), which, like that of other cathartics, was slow and painful, and only acted after repeated enemata. Blisters were several times applied to the seat of pain.

Various articles of nutriment were tried in small quantities, and as frequently abandoned after a day or two's trial. The things which were most easily tolerated for a short time were coffee and milk, in spoonful doses, sago, some spirit in water, and at times a little broth. A continued use of any one of these articles was generally followed by disgust and refusal. On the 4th day of July he inadvertently ate a part of a peach sent him by a friend, which act was immediately followed by distressing pain in the abdomen, of twenty-four hours' continuance.

To obviate in some measure the inanition caused by his long abstinence and rejection of food, enemata of beef-tea, and afterwards of clear juice of beef, were thrown into the rectum to the amount of half a pint about twice in a day, for nearly two months. These were generally retained and absorbed, and were followed by a quantity of urine considerably exceeding the amount of liquid which had been swallowed. Twice during the disease, the urine deposited lithic acid sand for a few days. Many years ago he is remembered to have passed, after much suffering, a renal calculus.

On the 12th of July the symptoms suddenly assumed a new and alarming character. The pulse, which had been steady at an average of about 90, suddenly became very irregular, beating, stopping, trembling, and unequally rapid. This state continued for twenty-four hours, with dyspnoea, fainting and sinking, the accom-

panying action of the heart being feeble and irregular. Five or six glasses of Champaigne were taken during the day, and retained. On the next day the pulse became regular, and so continued afterwards.

For several of the following weeks there was a perceptible decline of strength, with a pulse of 90 to 100, intolerance of food, vomiting almost daily of dark-green mucus, more or less pain in the right side, and but little sleep. Opiates were resorted to, two or three times, and procured a night's sleep, followed by greater distress and vomiting the next day. During the first week in August his countenance grew more morbid, his pulse rose to 120, and he was with great difficulty assisted out of bed once in a day. During the whole disease, constipation prevailed, but faecal discharges were obtained by enemata about twice a-week. No diarrhoeal symptoms ever appeared.

On the 8th of August a new phase occurred in his disease. Having expressed a strong desire for water, and a belief that its effect would be salutary, he was allowed one ounce per hour of that liquid. In the course of the day and night he took nineteen ounces, and retained the whole. By a remarkable coincidence, the urine, which before had been very frequent and free, now became suddenly suppressed, and after a stoppage of thirty-six hours, half a pint only was obtained by the catheter. The habitual vomiting stopped about this time.

August 12th.—A severe chill occurred of two hours' continuance, and the pulse rose to 130 and became small and thready. After this, he grew more torpid, wandering in his mind, and swallowing with difficulty, and after lingering several days, he died easily on the 18th.

After the first week of his illness Mr. Lawrence was seen daily in consultation by Dr. J. M. Warren. For the last half of his disease he was also attended on alternate nights by Drs. Edward H. Clarke and Buckminster Brown. During the whole of his painful sickness he uniformly displayed great courage, equanimity, self-command and consideration for others.

Autopsy.—The body was examined by Dr. Ellis, five hours after death—present Drs. Warren Sen. and Jr., Bigelow Sen. and Jr., J. B. S. Jackson, E. H. Clarke and B. Brown. In the abdomen a strong adhesion was found of the gall-bladder and adjacent parts of the liver, to the ascending colon at a place two or three inches above the cæcum, and also to the abdominal parietes over a space an inch and a half in diameter. The adhesion was through a firm, dense false membrane of considerable thickness, having a cavity in its centre as large as a walnut. This cavity communicated at one end with the gall-bladder at its fundus, and at the other with the ascending colon, forming a direct outlet from the one of these organs into the other. The gall-bladder was much altered, contracted, thickened and dark inside, containing a soft solid mass of inspissated bile three quarters of an inch in diameter. The cystic

and hepatic ducts were both pervious and dilated, and the bile ducts inside the liver contained inspissated biliary matter like that found in the gall-bladder. In the large curvature of the stomach were two small coagula covering ulcers two or three lines in diameter, which had so nearly perforated all the coats, that a probe passed through them without sensible resistance. There were two similar ulcers in the duodenum near the pylorus.

The kidneys were somewhat under size, with a slight granular appearance, with some cysts on the surface containing serous fluid. There were some old adhesions of the pleura at the base of both lungs.

From the facts which have been stated, it is justifiable to infer that chronic structural disease in vital organs had existed for an unknown time, during which it had been tending slowly but surely to its fatal termination.

CASES OF ALBUMINURIA OCCURRING AFTER SCARLATINA, WITH
REMARKS.

BY JOHN WARE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THESE cases are not related in the exact order of time in which they occurred, but they have been rather arranged so as best to illustrate the course of the affection and the influence of treatment.

CASE I. was that of a lad aged about 11, who passed through the disease under homeopathic and hydropathic management. I saw him once accidentally during life, and witnessed his examination after death. The following brief statement of his case, therefore, is given at second hand. He had the primary disease in a favorable manner, and seems to have had no severe or alarming symptoms. He was regarded as having nearly recovered, when, between two or three weeks from the first attack, some oedema of the face was observed, but with no other marked symptom. Within a few days, on the morning of Wednesday, March 3, after having gone to bed, apparently pretty well, the night before, he awoke vomiting, and continued very sick through the day. The next morning, Thursday the 4th, he had convulsions, which continued to recur through that day, but not afterward. He became extensively oedematous, very pale, heavy, almost somnolent, with hard, labored breathing, and died on Saturday the 6th. The urine was described as dark and thick, but was not examined during life.

I was present at the examination after death, but, instead of my own imperfect record of the appearances, I prefer inserting an account of them with which I have been favored by Dr. J. B. S. Jackson, who was also present.

“*Lungs.*—Pneumonia of greater part of upper left lobe; red, solid, not at all granulated, but rather smooth; ‘splenified,’ or

‘carnified’ rather ; rest of the lobe healthy. Something of the kind in the right upper lobe. No tubercles in the lungs ; but some in the bronchial glands, white, opaque ; and a semi-cretaceous mass, about the size of a pea, apparently in the lung, but really, no doubt, in the bronchial gland.

“ *Pleura*.—Slight recent adhesions over seat of pneumonia. About $\frac{5}{x}$ of serum in the two cavities.

“ *Heart* quite firm and rather large. Considerable blood and fibrin in cavities.

“ *Abdomen*.—A few ounces of serum in cavity.

“ *Kidneys* of usual size ; dense ; congested throughout. Cortical substance looks rough on cutting through it. Puriform matter pressed abundantly from tubular portions ; urate of ammonia ? Bladder full of urine, which coagulated by heat.

“ Other organs of abdomen looked well.”

CASE II. was that of a sister of the subject of the preceding case, aged 9 years. She had the primary disease five weeks before her brother, and had been for some time laboring under the secondary symptoms at the time of his seizure. She had been similarly treated. She came under my care March 9—but I had frequently seen her before, as she had been confined in the same room with a patient of my own. Eight weeks before this date, then, she had had scarlatina in a moderate form. The eruption was described as having been full, but the febrile symptoms slight, with no affection of the throat. In a week she was convalescent ; for a week more she continued improving, and was regarded as well. At the end of the second week—six weeks ago—œdema was observed, which soon became extensive ; she vomited frequently, and retained but little food. Her urine, at this period, was described as having been “dark like frozen red ink.” After three weeks she had convulsions, which have been repeated occasionally ever since. When the cerebral symptoms began, as she afterwards told me, she experienced a variety of visual illusions. She saw little negroes dancing about the room—her aunt, who was attending her, appeared as if sitting in different parts of the chamber and making faces at her—spots of all colors seemed floating about in the air. This last continued for a long time, even after she was partially convalescent. She was sensible, at the time, of the character of these phenomena, but was totally unable to correct them.

March 9th, 1852.—The face and lower extremities œdematosus, but the abdomen neither swollen nor tender. She was universally anaemic. No suffering in the head. Pupils larger than natural, but contractile, though not rapidly. Countenance fixed, stolid, wanting in animation. She was dull and heavy, her manner slow and listless. She apparently took little notice ; but said she felt well. She had occasional vomiting—and was almost constantly spitting a liquid which seemed to flow into and fill her mouth like saliva, and to resemble it. This discharge continued a long time, and the quantity discharged from first to last was enormous. It continued

in some measure after she was otherwise nearly well. The urine was in moderate quantity—looked like bloody water, and was highly coagulable. The pulse 84, quite feeble. The respiration 20. There was no cough or expectoration.

It would be foreign to our present object to give the details of the history or treatment; a brief outline will be sufficient. She took successively acetate of potass, gallic acid, iodide of iron, and iodide of manganese, and, during their use, a small dose daily of oxymuriate of mercury and sulphate of iron. External applications were made over the kidneys in the form of sinapisms, liniments and vesications.

She was put at once also upon the use of Rhine or Hock wine, beginning with two spoonfuls every few hours, and daily increasing the quantity. This was the first thing she had relished, and she took it with great satisfaction.

March 14th.—The quantity of wine had been increased to a wineglassful; so that she took six in twenty-four hours. She continued to relish it highly, said that she felt it “all over her,” and that it produced a warm sweat “all over.” Her skin had been previously dry and harsh. It was now soft and moist. Her food had consisted of such common articles as she would take—bread, meat, &c. She was more lively, took more notice, and was in better spirits.

21st.—Continued to crave the wine, and was taking two thirds of a common quart bottle a-day.

She had improved much in her general aspect and condition; was still cedematous, but less so. There had been no return of convulsions. Her urine varied much; being on some days nearly natural; on others dark, bloody and highly coagulable. She took her food with good appetite—but sometimes threw it up by vomiting, and the bowels were occasionally disturbed by it. She slept well. The spitting had diminished.

April 14th.—Had continued improving. No vomiting for a week. Urine natural in appearance, but still moderately coagulable. The wine was still taken, but the strong relish for it had abated.

22d.—Was still better—her food has been chiefly mutton chop and bread. The quantity of wine has been reduced to half a bottle daily. Spitting less.

May 9th.—She had gone into the country, where I saw her. She continued to improve, but was a long time in a state of imperfect health; her constitution seemed to have received a very severe shock, from which it rallied very slowly. For a long time she was subject to some return of cedema—to the spitting and vomiting—and was dull and abstracted. I doubt if she have yet entirely recovered from the effects of the disease.

CASE III.—A boy aged $3\frac{1}{2}$ years, attacked by scarlatina April 28, 1849. One sister had been taken *eleven* days before, and another was taken *eleven* days after him. Both of these had the disease very

mildly and no secondary affection. In the boy the symptoms were somewhat more severe, but by no means of an aggravated character. The eruption was full, and, when it began to fade, which it did on the fourth day, he complained slightly of his throat. By the end of a week, May 5, he was convalescent.

May 14.—Sixteen days after the first attack he was observed to be œdematosus about the face, especially around the eyes, and the affection soon assumed a decided form. He had frequent gagging, occasional diarrhoea, intolerance of light, doziness, frequent sighing, loss of appetite, pulse very frequent and feeble. The urine was scanty; sometimes like Port-wine and water, with much sediment, consisting chiefly of blood globules; sometimes dark like herb-tea, also with the same sediment. It was early highly coagulable, forming a solid mass by heat, like the white of an egg, which could not be poured from the test tube. The œdema extended to the whole lower extremities and abdomen; but there was no evidence of effusion into the cavities.

On the 22d he had swelling of the left submaxillary gland, which on the 25th had terminated in suppuration, and pus was discharged.

The medicinal treatment amounted to little, as he steadily objected to remedies. The acetate and hydriodate of potash were prescribed early, and he had irritating applications over the kidneys. The diarrhoea, which occasionally recurred, was checked by the Tr. camph. opiat, and late in the case the compound tincture of bark with sulphuric acid was directed.

The only article taken to such an extent as to have had any probable influence upon the case, was wine. A few days after the appearance of the dropsical symptoms, as he refused all nourishment and seemed extremely feeble, the attempt was made to give it to him. He at first refused. It was mixed with sugar and ice, and offered whenever he wished for drink—Champagne at first, and afterwards Hock. He soon relished it, and took scarcely anything else. The quantity was gradually increased, till for a considerable time he took a common bottle of the Hock, a-day; and on one occasion somewhat more. There was never the slightest indication of arterial or mental excitement, and no increased heat of the skin. He began soon to improve as to the œdema and the character of the urine. On the 28th he had a number of spots of ecchymosis in different parts, but they vanished in a few days.

June 12th.—The œdema was nearly gone. The urine was not coagulable, depositing a light-red sandy sediment; the appetite good. By the 16th he was apparently well, and went soon after into the country.

I am not able to state the precise length of time that wine was taken—certainly till near the period of the disappearance of the œdema. After getting his appetite, he one day suddenly refused it entirely, and would take no more. Since then, now more than six years, as his parents inform me, he "will not taste anything spirituous or of the nature of wine, not even cider." At the time

of thus breaking off, he was taking the full quantity. He has since been a fine healthy boy.

CASE IV. and V. were both of girls, aged severally 6½ and 8 years. In these the same treatment was employed, and with apparent benefit, but the quantity of wine taken, though large considering the ages of the patients, was much less than in the preceding. In case IV. there were symptoms which I took to indicate acute inflammation of the kidneys—such as chills, continued nausea and vomiting—a continued and very obscure pain in the abdomen, unattended by diarrhoea—tenderness in the loins, with daily paroxysms of fever, accompanied by watching and restlessness. Here the use of wine was not begun till the acute symptoms had partially subsided. When given, however, it produced no increase of the febrile or inflammatory indications, and appeared to act favorably upon the course of the disease.

Symptoms like those which have been described are by no means infrequent, but much more in some years than in others. So far as I have noticed, they have been less likely to occur in severe cases than in those of moderate severity—rarely where there has been a bad affection of the throat. They usually come on in from a week to a fortnight from an apparent convalescence, during which the primary symptoms have subsided, the appetite returned, and the patient has ceased to be under the notice of the physician. In the above instances the attack took place between 13 and 17 days from the original invasion of scarlatina, the distinct symptoms of which had continued about a week in each.

The access is usually gradual. $\text{\textcircled{O}}$ edema about the eyes and ankles is often the first thing noticed, but almost always inquiry will show there has been some falling off a few days before. Sometimes the attack appears sudden and takes place with chills, headache, pain in the abdomen and back, with fever and restlessness; but even such attacks have usually been preceded by some slight indisposition. In whatever way it begins, the further progress is characterized by very much the same set of symptoms; in mild cases, by occasional vomiting, nausea, loss of appetite often entire, irregular bowels, headache, sleepiness or watchfulness, irritability pains in the abdomen, tenderness in the loins, a very feeble and frequent pulse, and occasional turns of fever; in severe cases, by a greater intensity of the same symptoms, and in addition by some graver affection of the brain, the chest or the abdomen. The amount of $\text{\textcircled{O}}$ edema by no means corresponds to the intensity of the disease. The urine is in all scanty—sometimes wanting for twenty-four hours, high colored, very dark, coagulable, and often bloody.

The occurrence of this secondary disease is usually attributed to taking cold, to improper diet, improper clothing, or to some defect in the management during convalescence. So far as I have been able to observe, there is no sufficient ground for an opinion of this sort. It as often occurs in those who have been the objects of un-

common care and solicitude, as in those who have been neglected. Indeed, that it must be owing to some cause more peculiar than these, is sufficiently obvious from the consideration, that they never produce the same results during convalescence from other acute diseases. There must be, therefore, some disease or some tendency to disease in the patient, produced or left behind by the exanthematous affection.

This very striking fact, that scarlatina is so frequently followed by an affection of the kidneys, attended by a marked derangement of the general health—which occurs in the same way in no other disease—suggests, I think, an inquiry of much importance in its bearing on the nature and tendencies of the original disease, and perhaps on its treatment. The points to which this inquiry should be directed are sufficiently obvious. It should be directed to the history of the secretion of urine as it presents itself in connection with the very various degrees of intensity—predominance of particular symptoms—changes of course and character—modes of termination and subsequent state of health, which we observe in scarlatina, and which make it so remarkable a disease.

I recollect a fact—insulated it is true—which will serve as an example of the phenomena that may come to our knowledge, and of which the collection of a great number may serve to throw light upon this subject. A female was engaged in attendance on a family affected with scarlatina. She was herself quite severely attacked with all the symptoms of the disease, except the eruption. She especially suffered from a very bad throat. After passing some days without relief, the urine being scanty, she suddenly passed a large quantity—dark and very offensive. This was at once followed by a marked mitigation and by speedy recovery.

It might probably be found that some of the other secondary results of scarlatina—such as the disturbance of the function of the digestive organs, the cutaneous affections, the glandular, and the so-called rheumatic, are connected with something wrong in the condition and secretion of the kidneys. As illustrative of the sort of connection which disease of these organs may have in the production of such symptoms, independent of scarlatina, I would refer to a case of albuminous urine, in which the prominent trouble throughout was a rheumatic affection, but ending at last in œdema and effusion into the pleura.

The relation which may exist between the general severity of the primary stage, the intensity of the eruption and the affection of the throat, between these and the occurrence and character of the secondary symptoms, is a point of primary consequence in such an investigation, and has an important bearing upon our views of the nature of the disease. The most probable theory of scarlatina is, that it is dependent upon a specific poison, which in the course of its generation and elimination produces the various phenomena. Now, if it be found generally true, as it certainly often is, that very mild primary cases are followed by very severe secondary symp-

toms, an explanation of the fact is suggested which may in time lead to useful views of treatment. If the amount of the specific poison in any individual case be slight, the primary stage will be slight also; and, on its subsidence, the recovery will be complete: but if the amount be large and the primary stage be still slight, its elimination may be imperfect and a secondary affection be the necessary result. It would not be inconsistent with this explanation that when the original attack is severe it is still frequently followed by very grave secondary symptoms.*

I may be pardoned for this digression from the proper object of this paper, from the consideration of our present imperfect knowledge of the treatment of scarlatina. It is, I believe, the general opinion of intelligent practitioners who are familiar with this disease, that there are few acute affections less amenable to treatment than this in its primary stage. The secondary symptoms are certainly more capable of mitigation, but even these are among the most obstinate with which we have to contend. From the course of treatment here described, there has appeared to be more effect than from any other I have employed. Still it would be premature to assert that recovery was owing to the measures employed, since a large proportion of similar cases recover under any and all modes of treatment.

It may be inquired whether there was any reason for the preference given to the Hock wine, and whether other kinds of wine or analogous stimulants might not be as well employed. This wine was selected on account of the great effect which it is sometimes known to have in exciting the action of the kidneys. In this respect it seems to exceed other kinds. Still they might answer equally well, and, in any extended application of this mode of treatment, should be tried.

Perhaps as important a practical inference as any from these details, is the fact they establish of the capacity, in young children, in some states of disease, of bearing large quantities of wine certainly without injury, and apparently with benefit.† They suggest also the question whether, when the relish for it is very decided, and common quantities are well borne, it may not be advis-

* The following is an example of the serious consequences which will sometimes follow an extremely mild attack. I was called early in the afternoon to a child, 4 years old, whom I found dying. She was sitting erect in a chair, being unable to lie down, with labored breathing, a livid countenance, pulse almost extinct, and extremities cold. She died in a few hours. On examination, effusion of serum was found to have taken place into both the pleural cavities. On inquiry, I learned that about a fortnight before, she had been affected by a slight eruptive disease, which, from description, I inferred to have been scarlatina, though it had not been severe enough to require medical attendance or even confine her to the house. She had been supposed to be quite well till within forty-eight hours of death, and nothing had occurred to give alarm till the very day on which it took place. In this case, which happened twenty years ago, the urine was not examined—but there had been, I am confident, some oedema, and there can be little doubt it was of the same character with those which have been described.

† In the case of a child 18 months old, who was suffering extremely from an eczema, which covered the greater part of the body, and produced great irritation and exhaustion with continued loss of sleep, a glass of Madeira wine was taken every day for several weeks, with decided beneficial influence not only in supporting the strength, relieving the irritation, and promoting sleep, but also, apparently, upon the state of the cutaneous affection.

able to push its use as far as the inclination of the patient will carry him, and indeed, in very bad cases, as far as he can be urged to go, when laboring under conditions in which wine is called for. I can recollect no case in which the patient has appeared to suffer from taking too much, but have often had reason to think it would have been better had he taken more. It is a gratifying circumstance, and one which tends to remove the very proper repugnance we have to the administration of stimulants, that in all cases where large quantities have been employed, they at last became distasteful to the patient, and produced no subsequent relish for them. I apprehend that the chance of acquiring a permanent morbid taste for them is much less where their use has been carried to very large quantities, than where it has been more limited.

CASE OF FRACTURE OF THE SKULL.

[THE following case is reported by C. ELLERY STEDMAN, M.D., the specimen having been exhibited to the Boston Society for Medical Improvement by Dr. Charles H. Stedman, August 13th, 1855.]

Wm. Thompson, mate of the Barque Kilby, was admitted to the United States Marine Hospital in Chelsea, at 5 o'clock, P.M., 23d July, 1855, reported to have been struck with a hatchet the morning before, at 5 o'clock. When he and his antagonist were separated, he had his arms tightly clasped around the latter. He was removed to the cabin, and his head closely enveloped in cloths, over which "balsam" had been poured. He had been perfectly conscious, according to the testimony of the captain, since the accident, and had lost much blood by repeated haemorrhages. On entrance, he was very weak; his lips and face were blanched; his pulse rapid and very small. Brandy was administered; and the dressings applied on board ship were removed with some difficulty, when profuse haemorrhage took place from the region of the right temporal artery in front of the ear. This vessel, with several smaller ones, having been secured by ligature, and the clots turned out, the wound was found to extend from the right zygoma, curving towards the orbit, and terminating three or four inches above the eyebrow; being nearly a semicircular cut, six or seven inches in length. In its upper third was detected a fracture of the skull, which would admit, between its edges, the tip of the little finger. Some superficial wounds were noticed on the head, shoulder and arms. During the dressing he was restless and very intolerant of pain. There was no stupor—he answering all questions correctly; pupils natural and breathing easy.

The next morning, re-action came on, and he complained of pain in his head. He continued very comfortable, with a pulse of about 90, till the morning of the 29th (a week from the time of the accident), when he was very restless; spoke of much pain in the head, the wound on which had been doing very favorably, and

now looked well. After taking a dose of fluid extract of valerian, about noon, he appeared to go to sleep quietly. At 4, on lifting the dressing, a protrusion of cerebral matter was noticed in the wound. Soon after, he became comatose, and at 9, P.M., he died.

Autopsy, 18 hours after death. Besides the superficial wounds above noticed, which were partially healed, there were ecchymoses observed on reflecting the scalp. On exposing the cranium, an extensive fracture was disclosed, commencing at a point on the frontal bone corresponding to the external wound, and running downward, and slightly outward—showing a clean cut two inches in length, penetrating the skull. From the lower part of this cut, turning outward nearly at a right angle, the course of the fracture ran directly backward, through the temporal bone, 3 1-2 inches. The transverse portion of the fracture presented an imbricated appearance.

The dura mater showed a dark-red and greenish discoloration; and in the track of the vertical fracture, was a clean cut corresponding to the fracture. In the transverse direction there was a wound in the dura mater, inflicted by the sharp edge of the fractured skull. Extravasation of blood was noticed beneath the membranes, especially on the right side. That portion of the brain immediately surrounding the wound was softened.

All the other organs of the body, being examined, were found healthy.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th.—*Transformation of the Cysticercus into Tænia*.—Dr. ABBOT referred to a statement in the *Gazette Médicale*, on the authority of Küchenmeister, to the effect that the tænia in man is produced by the transformation of a cysticercus which has been introduced into the intestines in pork. Wawruch has made the remark that Jews are exempt from tænia, whereas butchers are particularly liable to it. On the other hand, the *débris* of the tape-worm, when devoured by swine, are said to reproduce the cysticercus in that animal. Dr. A. inquired if any gentlemen present could confirm this statement by facts within their own knowledge.

Dr. ELLIS said that he heard the same statements made in 1850, in Vienna, and experiments upon dogs were alluded to, which had conclusively established the fact.

Dr. PARKS mentioned experiments by Siebold, who gave livers affected with cysticerci to dogs; tæniae were produced, or, at any rate, were subsequently found in them.

[At the next meeting (April 23d), Dr. GOULD spoke of the primary condition and habitat of the cysticercus. There are plausible reasons for supposing it to have its *nidus* in *swine*. It is most commonly met with in butchers and dealers in provisions; the only two cases seen by Dr. G. (and both of which were aggravated instances) occurred, one in a butcher

and the other in a pork-merchant. It is possible that, among other ways, the germs of the cysticerci may be introduced into the system in those who follow these occupations, by holding the knife used in cutting the meat between the teeth.

In the Edinburgh Monthly Journal for June, 1855, the details of a case of tape-worm are reported by Dr. Creighton, and a cure is stated to have been "effected by causing the patient to abstain from animal food." In the Edinburgh Medical Journal for July, 1855, an extract of the recently-published investigations of Dr. Küchenmeister, of Zitta, is given.

M. Küchenmeister had an opportunity of "practically testing the possibility of the conversion, in the human intestines, of the cysticercus, in its different varieties, into the *tænia solium* in the case of a criminal condemned to death, having been allowed to perform a *post-mortem* examination.

"At different intervals before the day of execution, varying from 130 to 12 hours before that period, 75 cysticerci, which had been exposed to the action of the atmosphere from 70 to 132 hours, were administered to the subject of these experiments.

"Forty-eight hours after the execution, a *post-mortem* examination of the body was made in presence of several professors; and although the short period which had elapsed since the administration of the animals afforded little chance of a result in favor of the hypothesis, there were found, upon investigation, four small *tæniæ* in the duodenum, and six others, less perfectly developed, were discovered in the water with which the intestines were washed. No traces of the entozoa swallowed were to be found in the whole alimentary canal, the remainder having probably perished there. The cysticerci employed were procured from the bodies of pigs, hares, &c.

"From these facts the author concludes that—

"1st. In man the cysticercus becomes transformed into the *tænia solium*.
"2d. The mode of transmission of the *tænia solium* is the same as that of all entozoa proceeding from cysticerci, and generally from all kinds of *tæniæ*.

"3d. The entrance of the *tænia solium* into the alimentary canal results from the swallowing of cysticerci contained in raw articles of diet, or in those substances cooked and which have become cold, as they are often found exposed for sale in eating-houses and such like places."—*Weiner Med. Wochenschrift.*]—SECRETARY.

APRIL 23d.—*Supposed Abdominal Tumor; Actual Pregnancy.* Reported by Dr. STORER.—March 19th, visited Mrs. C_____, Emerald st., who imagined that she had some abdominal tumor. She had been married one year; the menstrual periods had recurred very irregularly, and had not returned for several months past. Her abdomen was considerably enlarged, and presented the appearance of pregnancy. Dr. S. told her that she was probably pregnant, and that an examination would determine the matter. She was much annoyed at the expression of an opinion that she was probably *enceinte*; she said such a thing was *impossible* in her case, as "she was differently formed from other women," and she was positive that she could not be pregnant. The husband immediately observed that he was unable to persuade her to marry for a long time, so strongly was she impressed with this belief; it might be the case that some peculiarity existed, as he was entirely ignorant what the natural appearances should be.

Dr. S. examined her breasts, and, to his surprise, found that they resembled in all respects those of the virgin; no change of color, no fulness;

no enlarged papillæ. She was told that so far as the breasts were concerned there were no evidences of pregnancy existing; upon examination of the abdomen, however, the pulsations of the fetal heart were heard as distinctly as he had ever noticed, and from the appearances presented by the cervix uteri upon examination *per vaginam*, the patient was pronounced to be about six months advanced in pregnancy. Dr. S. said he had never met with such a case, where the areolæ did not satisfactorily settle the question as to the existence of the pregnant condition; within a few days, however, he had seen an account of a similar case, originally reported by Prof. Simpson to the Edinburgh Obstetrical Society, and now collected with his papers which are in course of publication.

Dr. Storer added that he reported this case to the Society not because the woman was mistaken as to the character of the abdominal tumor, but as being unique, from the pregnancy not being indicated by the areolæ.

APRIL 23d.—*Passage of a branch of one of the brachial nerves through a vein.*—The specimen, which was exhibited to the Society, was met with by Mr. L. M. SARGENT, while dissecting, and was examined by Dr. O. W. HOLMES, who remarked that it tended to show the development of nerves to be anterior to that of veins. The vein was divided about equally, and the two portions were immediately re-united after the passage of the nerve.

APRIL 23d.—*Roseola apparently contagious.*—Dr. MINOR reported four cases of roseola, occurring in the same family, in such regular succession that the disease would seem to have been contagious. The *first* patient was a little girl of 8 years, upon whom an eruption of fine red spots, with a uniform blush in some places, and a blotchy, morbillic look in others, appeared on Thursday, March 8th, 1855. The rash covered the body and limbs, was not raised, and disappeared under pressure. The skin, where not invaded by the disease, was of the natural hue. There was no itching, no cough, coryza, nor sore throat. The eruption lasted four days, and was followed by no desquamation. There were no constitutional symptoms. The *second* patient was the mother of the above, who was attacked on Thursday, March 15th, exactly a week after the first, with the same rash, which was preceded, in the night, by chills, and accompanied by severe pains in the limbs (particularly in the thighs), loss of appetite, &c. These symptoms lasted a day or two only. The eruption disappeared at the end of four days without desquamation. The *third* case was that of a girl of 11. The disease made its appearance on Thursday, March 22d. She had no general symptoms, and was free from the rash in four days. The *fourth* patient, a boy of 6, broke out on Thursday the 29th, without constitutional symptoms. The eruption was exactly the same as in the cases of his mother and sisters. Like them, he had no sore throat, nor desquamation, and was well in four days.

Dr. PUTNAM asked if there was sore throat in these cases?

Dr. MINOR said there was not.

Dr. COALE had lately had cases which seemed to be abortive attempts at scarlatina and roseola; and, subsequently, there occurred an effort of nature at setting up varioloid, which, however, was not declared. In one instance a child was thought to have measles, but Dr. C. was informed that it had passed through both measles and scarlet fever. The father of this same child appeared to be on the eve of having varioloid, but he told Dr. C. that he had already had it. In yet another case, there was, apparently, an eruption of measles, and then twelve pustules of varioloid came out upon the face and body; the patient's wife subsequently had varioloid. It seemed impossible to classify these eruptions.

Dr. Minot said that, during the past winter, he had a case which seemed at first entirely like threatened measles; but shortly varioloid was declared.

Dr. BLAKE saw many similar instances at South Boston, some years since; measles were at first looked for, but varioloid appeared.

Dr. STORER thought this antecedent eruption not uncommon before varioloid.

Dr. Coale said that he was familiar with the blush referred to by Dr. Storer, and which is so frequently noticed previously to the appearance of varioloid; in his cases, however, it was a complete eruption, covering the whole body; the eyes red and watery, as observed in measles.

Dr. PUTNAM had noticed, during the month of March, a marked frequency of efflorescence upon the skin, and which was apparently communicable. He remarked that Bateman refers to a case in which variola and rubeola were thought to be co-existent, so strong were the signs of each. Dr. P. added, that he once had a patient in whom petechiae followed the other manifestations, and death occurred.

Dr. INCHEs referred to two cases where rubeola had been anticipated, but varioloid was finally declared. Mr. Erasmus Wilson alluded to this as not very uncommon.

[In the Edinburgh Medical Journal for July, 1855, Dr. W. T. Gairdner made some remarks before the Medico-Chirurgical Society of Edinburgh, upon "Certain anomalous cases resembling variola and scarlatina." Dr. G., after noticing the occasional strong resemblance which some forms of syphilitic eruption bear to variola, mentions that "during the past winter he had witnessed a number of cases which he was disposed to consider as irregular forms of scarlatina." The regular type of the disease had been observed in many places in Scotland, and also in London. Several cases were observed by Dr. G. among dispensary patients, in which those submaxillary and cervical suppurations and acute swellings, so often accompanying scarlatina, existed. One case resembled roseola far more than scarlatina, and an account of it was published as of "doubtful exanthematic disease." Retardation of the eruptions of smallpox and scarlatina had been repeatedly noticed by Dr. Gairdner, and also by Dr. Hamilton, of Falkirk, who is styled "a good authority on scarlatina;" but this is noticed for the most part in severe cases.

Dr. J. D. Gillespie had seen a case, in an infant nine months old, of the appearance of a second eruption in scarlatina. "A copious florid eruption" was first observed, with other "ordinary symptoms;" a fortnight afterwards, severe coryza came on, and a very extensive eruption appeared, "resembling somewhat closely the eruption of measles." It remained out two days, and then death occurred after swelling of the parotid and cervical glands. Seven children in the same family had recurrence of scarlatina on the reliable evidence of the father, "a retired medical man and a careful observer."—*SECRETARY.*]

Bibliographical Notices.

History of the American Medical Association, from its Organization up to January, 1855. By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine in Rush Medical College; Member of the American Medical Association; Physician to the Mercy Hospital, Chicago; &c. &c. To which is appended—

Biographical Notices with Portraits of the Presidents of the Association, and of the Author. Edited by S. W. BUTLER, M.D. Philadelphia: Lipincott, Grambo & Co. Pp. 191.

The substance of this volume appeared originally in the "New Jersey Medical Reporter." It constitutes quite a thorough account of the proceedings of organization and a history of the successive meetings of the Association for the period of time specified. A large part of the mere details of the meetings is already in the possession of the members of the Association in its published volumes. It will not be necessary for us to refer to these familiar topics. We do not doubt that the declared intention of Dr. Davis in preparing this collection of papers, will, in a great measure, find its realization; and in the words of the editor, Dr. Butler, we hope that the author will be "amply repaid for his disinterested and arduous labors, by the continued prosperity and success of a movement, of which he is both the originator and historiographer."

Dr. Davis tells us, on page 20, that Dr. John McCall, of Utica, offered a preamble and resolution at a meeting of the "Medical Society of the State of New York," in 1839, which constitute the first record of an attempt at forming a National Medical Convention. The endeavor was then unsuccessful; but a subsequent trial, after a preamble and resolutions by Dr. Davis, at a meeting of the same Society, in 1845, resulted in the first meeting of delegates and members, in New York city, in 1846.

We believe there can be but one opinion, at the present time, in regard to the influence of the Association upon the profession and upon the community. Doubtless, as is the case in all such attempts, much remains to give completeness and thorough efficiency to the action of so large and heterogeneous a body. In so far as Dr. Davis's book will serve to keep the subject prominently in view, with all its accompanying matters of interest and importance, its publication will be of service, and it is well to have the "history" of the formation and progress of the Association in a separate form. Beyond this, there is comparatively but little added to what has previously been placed in the hands of the members. The author has compiled these papers with care, and, as he states in his "Preface," "in the midst of the most arduous and professional duties, and without the possibility of commanding time for a careful revision." He likewise offers a reasonable apology for the frequent mention of his "own name throughout the work."

The "Appendix" consists of about 50 pages, is devoted to biographical notices of the Presidents of the Association, and closes with one of the author.

We cannot say that we admire the portraits interspersed throughout the volume. That of Dr. Mussey is the best, most natural and life-like. Dr. J. C. Warren's comes next in point of accuracy of representation and excellence of mechanical execution. The rest may be *correct* likenesses, for aught we know, but they must, like the great majority of daguerreotype views of the human face and figure, lack the easy attitude and conversational aspect which it is so desirable to observe in the artistic representation of any friend, and which we trust the rest of the gentlemen portrayed in this volume possess in a far higher degree than we might suppose from their likenesses as therein given.

Certain typographical errors have escaped the eye of the proof-reader, which, though not of essential importance to the mass of readers, are, in the case of the names of individuals, of consequence to *them*. We do not know but Professor E. R. Peaslee would recognize himself as "Dr. E. H.

Peaslee, of N. H."—(p. 25); and no one can mistake *Walter J. Burnett, M.D.*, for the lamented *Waldo I. Burnett*; yet it would seem needless to have even these mistakes. What, in our opinion, is more striking, is the following wording of a portion of the title page:—"To which is appended biographical notices, &c. &c." On page 189, we see that *Dr. Davis* is "nullius addictus furare (*j.*) in verba magistri." If we were in *Dr. D.*'s place, we think we should become *addicti jurare*, or at least (changing another letter in the word), *furere* a little!

The publishers have issued the work in their usual commendable style; paper, type and binding, are alike excellent.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 30, 1855.

THE BOSTON VETERINARY INSTITUTE.

THE importance of an institution which should be able to disseminate sound instruction on the subject of veterinary medicine, and supply the community with a class of competent veterinary surgeons, will be at once acknowledged, when it is remembered to how great a degree we are dependent upon domesticated animals for our pleasure, our support and our wealth. Like the human species, they are subject to a great variety of maladies which can only be efficiently controlled or relieved by a thorough acquaintance with their anatomy, physiology, pathology and hygiene, and with the remedies best adapted to the cure of their diseases. The amount of ignorance which prevails, in this country at least, upon the subject, is very great, and yet it is but little appreciated, even by those who are most likely to suffer from it. The most valuable animals, when sick, are frequently confided to the care of horse-doctors and cattle-doctors, who are as ignorant of the principles of veterinary medicine as they are rash and unskillful in its practice. With a few exceptions, this class of practitioners, with us, have had no regular education to qualify them for the exercise of a profession which requires in some respects more knowledge, as well as a higher sagacity, than is called for in the treatment of the human patient; for the physician is deprived of a most important source of information, both in the detection of symptoms, and in the effect of remedies, from the incapacity of the sufferer to describe his own sensations.

Incompetent, as too many of our veterinary surgeons are, we believe that even in its depressed condition among us, the profession yields a handsome return to those engaged in its practice, and there is no doubt that surgeons, properly qualified by a regular course of study at some institution of known reputation, would find a rich field for the exercise of their art in our community, where valuable animals are often sacrificed, either in consequence of the ignorance of the doctor, or from the skepticism of the owner, who in despair refuses all medical interference. The profession has hitherto been looked upon as rather beneath the notice of an educated and cultivated man; though upon what grounds, we are at a loss to conceive. In order to become accomplished in it, one must spend years in patient study, in attendance on lectures and clinical instruction, and in dissection. He should be familiar, to some extent, at least, with all the different branches which are required for the ordinary practitioner of medicine and surgery; and an acquaintance with those departments of science which have no immediate

bearing upon veterinary medicine, will tend indirectly, by promoting habits of observation and investigation, to qualify him for the study and treatment of the maladies of the brute creation. In England and France there are several schools for instruction in this branch of knowledge, which offer every advantage that can be desired. That at Alfort, near Paris, has long been celebrated. It contains about 300 students, and the course of study, which extends through four years, embraces lectures on anatomy, chemistry, botany, *materia medica* and pharmacy, veterinary surgery, with operations, and the practice of medicine as applied to animals. The use of the forge is also taught.

We are glad to see that there is a prospect that this subject will receive among us that attention which it has so long needed. In May last, an act of legislature was passed, incorporating the "Boston Veterinary Institute," the object of which is to afford ample instruction to persons desirous of qualifying themselves for the practice of veterinary medicine and surgery. The plan of instruction includes lectures on the Anatomy and Physiology of the Horse, on Theory and Practice of Veterinary Medicine and Surgery, and on Cattle Pathology. Students will also be allowed to attend the lectures on Chemistry and Pathological Anatomy in the medical department of Harvard University, and Clinical Lectures will be given by the Faculty.

The officers of the Institute consist of the following gentlemen:—D. D. Slade, M.D., President; George H. Dodd, Prof. of Anatomy and Physiology; Charles M. Wood, Prof. of Theory and Practice; Robert Wood, Prof. of Cattle Pathology. D. D. Slade, M.D., John W. Warren, M.D., George Bartlett, M.D., and Charles Gordon, M.D., Board of Examiners.

We hope that this effort in behalf of a noble and useful purpose, will meet with a corresponding encouragement from the community. Without assistance at this early period of its organization, the School will not be able to sustain itself. All who own horses or stock, should contribute something towards an enterprise which will be a benefit to them. It is hoped that the next legislature will make the Institution a handsome grant. When money is so freely lavished on botanic colleges and female medical schools, it surely ought not to be withheld from an object whose practical utility will, we presume, be questioned by no one.

SANITARY REFORM A PREVENTION OF DISEASE.

It is a subject of congratulation and thankfulness, that, while many of our cities are desolated by pestilence, Boston has seldom been more free from disease during the summer months than at the present time. It is a general remark among our *confrères* that they have hardly any business to attend to, and many avail themselves of this time of leisure, to exchange the routine of labors and care incident to the physician's life, for a few days' enjoyment in the country or at the sea-shore, where there is no night-bell to disturb their slumbers. It is true, cholera infantum and dysentery prevail to some extent; but the greater number of cases of these diseases are confined to the practice of the dispensary physicians, occurring almost exclusively among the children of the foreign population, whose habits and circumstances bid defiance to the laws of health. It is true that a large part of our population is absent, seeking refreshment in the neighboring towns or at the beaches; but the absentees comprise that portion of the inhabitants, whose condition and habits would enable them generally to resist the attacks of those maladies which prevail in the city during summer. Why is it that Boston, situated in a northern climate, exposed to the most

intense cold in winter, to the fiercest heat in summer, and to the damp, piercing east winds of spring, should be a healthy city?

The answer to this question is to be found chiefly in the excellent hygienic condition of our city, which it owes partly to its favorable position for drainage, but more to good sewerage and cleanliness, to the careful removal, so far as possible, of every source of disease, to the supervision of the Board of Health, the active exertions and wise councils of the City Physician, and last, not least, to the medical profession generally, who have never ceased to urge the importance of sanitary reform, as the great means of *preventing* disease, a far easier and more economical thing than *curing* it. We believe there are few cities whose sanitary condition is better than ours. The supply of water is abundant and pure; the sewers are most carefully constructed; the vaults and cess-pools are frequently cleansed; the streets are regularly swept; the house offal is daily removed from our dwellings in covered carts; the cargoes of vessels are inspected before being landed on the wharf. Although there has been no indication of a return of cholera this summer, a special hospital has already been organized for the reception of patients, should we be again visited by that pestilence.

The beneficial effect of these sanitary measures has already been realized in the few visitations of cholera to which we have been subjected. While other large cities have often been desolated by this scourge, Boston has suffered lightly in comparison, and almost every case has occurred in ill-drained, ill-ventilated and filthy courts, alleys and cellars, while the higher and cleaner parts of the city have almost wholly escaped.

We notice with satisfaction that the city of Chicago, which has been repeatedly subjected to extensive and fatal outbreaks of cholera, has at last awakened to a sense of the importance and feasibility of improving its hygienic condition, and thereby in a great measure preventing a gigantic evil which no art can cure when once established. The position of Chicago is by no means favorable for drainage, the city being scarcely elevated above the lake upon which it is situated, and being built upon a soil so loose, that it is necessary to lay down planks, to prevent vehicles from sinking into the mud of the streets. Of course, filth of every kind accumulates beneath these planks, and becomes a frightful source of disease, especially in hot weather. We learn that the city authorities have engaged Mr. Chesbrough to superintend the construction of a system of sewerage. He has already rendered important services to Boston, as City Engineer, and, we doubt not, will overcome all the difficulties in the way of establishing proper drainage in Chicago, and render that important place comparatively healthy at all seasons. We would earnestly commend this example to the attention of all cities suffering, or likely to suffer from the attacks of epidemic disease. Good drainage and clean streets, and other sanitary measures, may not be able absolutely to abolish yellow fever, cholera, intermittent fever and other maladies; but just in proportion as they exist, is the amount of sickness and mortality from these epidemics diminished.

Deaths in Boston for the week ending Saturday noon, Aug. 18th, 125. Males, 55—females, 70.

70. Accident, 1—*inflammation of the brain*, 2—*consumption*, 20—*convulsions*, 2—*cholera infantum*, 17—*erupc.*, 1—*dysentery*, 13—*diarrhoea*, 1—*dropsy*, 1—*dropsy in the head*, 4—*drowned*, 3—*debility*, 2—*infantile diseases*, 15—*scarlet fever*, 1—*hooping cough*, 1—*disease of the heart*, 2—*disease of the kidneys*, 1—*inflammation of the lungs*, 3—*congestion of the lungs*, 1—*disease of the liver*, 1—*marasmus*, 1—*measles*, 2—*old age*, 5—*pleurisy*, 1—*smallpox*, 2—*teething*, 16—*thrush*, 2—*rheumatism*, 1—*unknown*, 1.

Under 5 years, 80—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 8—above 60 years, 10. Born in the United States, 95—Ireland, 24—British Provinces, 2—Germany, 2—at sea, 1—*unknown*, 1.

M. Valleix.—This distinguished physician died of malignant sore throat, on the 12th of July last, after a short illness. His remains were accompanied to the cemetery of Mont Parnasse by a large number of devoted friends. The orations at the tomb were delivered by MM. Barth, Goupil, Latour, and his old master, Louis, who was much affected. M. Valleix was a man of great erudition, and intimately acquainted with the contemporary medical literature of England. To strangers he was accessible and polite, and to not a few in this our northern metropolis, his memory is endeared by many acts of friendship. His chief works are—the *Guide du Medicin Practicien*, the *Traite des Neuralgies*, and the *Clinique des Maladies des Enfants nouveau-nés*.—*Edinburgh Med. Journal*.

The Physiological Errors of Teetotalism.—In a brilliant article with this title in the current number of the *Westminster Review*, we are informed, that some years ago the public were told that bread was poisoned with gin, and that in consequence, a company was started, for the manufacture of a new kind of bread, free from the danger of causing intoxication. For a while the new company succeeded. But a bold baker opened a shop in opposition, announcing “*Bread with the gin in it* ;” whereupon the British public bought his bread largely, and have continued to eat it, with its contained gin, without injury. “We,” says the reviewer, “are about to emulate that baker, and meet teetotalism as boldly as he met the anti-gin bakers;” and thereon he proceeds to demolish Dr. Carpenter’s work on Total Abstinence, to upset the doctrine that alcohol is a poison and not food, and to prove (which he does to our satisfaction), that alcohol is food, and that use is not the same as abuse.—*lb.*

Extraction of a Uterine Pessary from the Bladder.—By Dr. UYTTERHOEVEN.—This case occurred in a young woman who, on account of uterine displacement, required the use of a pessary *a tige*. Some time having elapsed after the introduction of the instrument, during which period the patient had neglected to withdraw and clean it, ulceration took place, and gradually perforated the vesico-vaginal wall. The pessary thus opened a passage for itself, by which its ivory head became introduced within the bladder, whilst the stem, which was of metal, was tightly grasped by the fistulous opening, and remained in the vagina.

The attempts to break the “cuvette” or head of the instrument having failed, M. Uytterhoeven, after placing the patient under the influence of chloroform, slipped a curved probe-pointed bistoury along its stem, and, guided by the index finger, entered it within the bladder by the morbid opening, which he then largely dilated, and easily withdrew the pessary entire. The subsequent treatment and history of the case offer nothing of particular interest, except that a urinary fistula remained after the operation.—*Gazette Med.*, May, 1855.

Amenorrhœa without Constitutional Disturbance.—Dr. WEIR communicated to the Obstetrical Society of Edinburgh the case of an adult, who had enjoyed uninterrupted good health up to the age of 23, when she was suddenly seized with head symptoms, and died after a few hours’ illness. On a *post-mortem* examination, a cancerous tumor of the brain was found, though no symptoms had previously existed indicative of any such lesion. The uterus and appendages were infantile in size and appearance.

Guano as a Preventive in Yellow Fever.—Commodore COOKE, of the U. S. Ship St. Louis, has published a card recommending the use of guano, as a prophylactic against yellow fever. He states, that having had a bag of guano on the berth deck for several months, he visited Rio, where the fever prevailed, in company with the frigate Brandywine. After remaining in port sufficiently long to water and provision the ships, they proceeded to sea, where the disease soon made its appearance on board the Brandywine, carrying off several of the officers and a number of the crew. The St. Louis escaped entirely. Some months afterwards, being obliged to visit the port again, where the fever was still raging, he distributed the guano more equally, and after remaining in port several days, put to sea, the ship remaining entirely free from malignant diseases. It is not stated what was the hygienic condition of the St. Louis, as compared with that of the Brandywine.